

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/02/2011	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE - WEST LAFAYETTE				STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN47906			
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F0000	<p>This visit was for a Recertification and State Licensure survey and a State Residential Licensure Survey.</p> <p>Survey Dates: October 31, November 1 & 2, 2011</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: N/A</p> <p>Survey Team: Linda Campbell, RN, TC Christi Davidson, RN Diana Zgonc, RN Connie Landman, RN</p> <p>Census Bed Type: SNF: 49 Residential: 36 Total: 85</p> <p>Census Payor Type: Medicare: 9 Other: 76 Total: 85</p> <p>Sample: 13 Supplemental Sample: 6 Residential Sample: 7</p> <p>These deficiencies also reflect state</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0371 SS=E	<p>findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 11/3/11 Cathy Emswiller RN</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, record review and interview, the facility failed to ensure dietary staff washed their hands and changed gloves as needed during 1 of 3 kitchen service/dining room observations (Cook #2, Assistant Director of Dining Services). This deficient practice had the potential to affect 27 of 28 residents who ate in 1 of 2 dining rooms.</p> <p>Findings include:</p> <p>During observation of the lunch service on 10/31/11 from 11:25 A.M. until 12:15 P.M., Cook #2 had obtained the lunch meal from the kitchen and pushed the cart outside and through the hallways to the Courtyard Dining Room kitchenette. Upon entering the kitchenette, Cook #2 washed her hands for 5 seconds, put gloves on, and moved the large pans of food from the cart to the steam table.</p>			F0371	<p>F 371All dining staff will receive in-service education on proper hand washing and glove use. A "Hand Washing Competency Check-Off" form has been implemented, and all dining staff will receive 1:1 competency testing. The Infection Control policy for Dining Services has been revised to include the changes as noted above.All residents/guests/employees had the potential to be affected. The Infection Control policy for Dining Services was reviewed and revisions made. A "Hand Washing Competency Check-Off" form was implemented. All dining staff will receive in-service education on proper hand washing and glove use. All dining staff will receive 1:1 competency testing on proper hand washing and use of gloves and documented on the "Hand Washing Competency Check-Off" form.In-service education on</p>		11/28/2011

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	<p>After removing foil from the top of 2 pans, Cook #2 removed the gloves and threw the gloves and foil into the trash container, touching the lid and side of the trash container. Cook #2 put clean gloves on and proceeded to take the food temperatures. Afterwards, the gloves were removed and thrown away in the trash container. Clean gloves were put on, and Cook #2 began dipping the food onto the plates.</p> <p>The Assistant Director of Dining Services came into the kitchen from the dining room, and washed her hands for 10 seconds.</p> <p>Cook #2 continued with the lunch service, she changed gloves no less than 12 times, but no hand washing was performed. During the meal service, Cook #2 touched the drawer to remove clean utensils, touched the side of the refrigerator 4 times, placed a muffin in the microwave, heated it, removed it and cut it in half to be served. Cook #2 also picked up the hot dog buns and opened them with gloved hands during the service. Each time the gloves were changed, they were thrown away in the trash, the first 4 times, Cook #2 touched the lid.</p> <p>During interview with the Assistant</p>				<p>proper hand washing and glove use. All dining staff will receive 1:1 competency testing with results documented on the "Hand Washing Check Off" form. Infection Control policy for Dining Service has been reviewed and revised. The Director of Dining Service and/or Designee will conduct random competency checks on dining staff. As part of the Quality Management Program, the Director of Dining Services will report all findings monthly to the QA Committee. All dining staff will receive in-service education quarterly on proper hand washing and use of gloves. The Director of Dining Services and/or Designee will monitor dining staff for compliance a minimum of three meals per week. The management team in Dining Services will monitor dining staff daily for compliance during meal prep service. As part of the Quality Management Program, the Director of Dining Services will report monthly to the QA Committee. Monitoring staff compliance for proper hand washing and use of gloves will continue for a minimum of six months, at which time a determination will be made by the QA Committee if further monitoring is necessary or can be reduced. Completion Date: 11/28/11</p>		

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	<p>Dining Services Director on 10/31/11 at 2:40 P.M., she indicated the staff was expected to wash their hands for 20 seconds, and they were encouraged to sing "Happy Birthday" while washing them.</p> <p>On 10/31/11 at 3:20 P.M., the Assistant Dining Services Director provided 2 Infection Control policies, both dated 7/08. During an interview with the Administrator on 11/2/11 at 10:00 A.M., she indicated these were the only kitchen policies in use for hand washing and glove use for kitchen staff.</p> <p>The policy "To assure proper glove usage" indicated: "Procedure: Gloves will be used when directly touching ready to eat foods. Clean gloves will be applied when going from one task to another."</p> <p>The policy "To assure proper hand washing" indicated: :Procedure: Adjust water before beginning - should be very warm. Wet hands and wrists holding them downward. Using supplied antibacterial soap scrub vigorously paying particular attention between fingers and around nails. Do this for 20 seconds. Rinse so that water runs away from arms. Dry with paper towel and turn off water with a paper towel."</p>						

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R0273	<p>3.1-21(i)(3)</p> <p>(f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure dietary staff washed their hands according to facility procedure and prior to serving the supper meal during 1 of 1 dining observation (Server #3 and Server #4).</p> <p>Findings include:</p> <p>During observation of the kitchenette for the dinner service on 10/31/11 at 5:05 P.M., Server #3 washed her hands for 20 seconds, dried her hands on a paper towel, and shut off the 2 water faucets with her clean bare hands. She then went into the dining room, and returned into the kitchenette and fixed 2 plates of food from the steam table. She then took both plates of food back into the dining room and placed them before 2 residents.</p> <p>Server #4 entered the kitchenette, washed her hands for 20 seconds, dried her hands and also turned off the water faucets with clean bare hands. She put on gloves, put</p>			R0273	<p>R 0273All dining staff will receive in-service education on proper hand washing and glove use. A "Hand Washing Competency Check-Off" form has been implemented, and all dining staff will receive 1:1 competency testing. The Infection Control policy for Dining Services has been revised to include the changes as noted above.All residents/guests/employees had the potential to be affected. The Infection Control Policy for Dining Services was reviewed and revisions made. A "Hand Washing Competency Check-Off" form was implemented. All dining staff will receive in-service education on proper hand washing and glove use. All dining staff will receive 1:1 competency testing on proper hand washing and use of gloves and documented on the "Hand Washing Competency Check-Off" form.In-service education on proper hand washing and glove use.All dining staff will receive 1:1 competency testing with results documented on the "Hand</p>		11/28/2011

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	<p>2 cookies on a plate, and delivered the cookies and juice to a resident in the dining room. When she re-entered the kitchen she removed the gloves and again washed her hands for 20 seconds, drying them, then turning off the water faucets with clean bare hands.</p> <p>Server #3, after delivering the 2 plates of food, stood off to the side in the dining room, hands on her waist. She then approached another resident placing her hand on the back of the resident's chair. Server #3 came into the kitchen, fixed a plate of food from the steam table, took it to the resident, moved another resident's walker, then came back into the kitchen. Server #3 then washed her hands for 20 seconds, drying them on a paper towel, then turning off the faucets with clean bare hands. She then joined Server #4 in the doorway observing and available to assist any resident with a request.</p> <p>On 10/31/11 at 3:20 P.M., the Assistant Dining Services Director provided 2 Infection Control policies, both dated 7/08. During an interview with the Administrator on 11/2/11 at 10:00 A.M., she indicated these were the only kitchen policies in use for hand washing and glove use for kitchen staff.</p> <p>The policy "To assure proper glove usage"</p>				<p>Washing Check Off"</p> <p>form. Infection Control Policy for Dining Service has been reviewed and revised. The Director of Dining Service and/or Designee will conduct random competency checks on dining staff. As part of the Quality Management Program, the Director of Dining Service will report all findings monthly to the QA Committee. All dining staff will receive in-service education quarterly on proper hand washing and use of gloves. The Director of Dining Service and/or Designee will monitor dining staff for compliance a minimum of three meals per week. The management team in Dining Services will monitor dining staff daily for compliance during meal prep service. As part of the Quality Management Program, the Director of Dining Services will report monthly to the QA Committee. Monitoring staff compliance for proper hand washing and use of gloves will continue for a minimum of six months, at which time a determination will be made by the QA Committee if further monitoring is necessary or can be reduced. Completion Date: 11/28/11</p>		

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	<p>indicated:</p> <p>"Procedure: Gloves will be used when directly touching ready to eat foods. Clean gloves will be applied when going from one task to another."</p> <p>The policy "To assure proper hand washing" indicated:</p> <p>:Procedure: Adjust water before beginning - should be very warm. Wet hands and wrists holding them downward. Using supplied antibacterial soap scrub vigorously paying particular attention between fingers and around nails. Do this for 20 seconds. Rinse so that water runs away from arms. Dry with paper towel and turn off water with a paper towel."</p>						